



U.S. ARMY FAMILY ADVOCACY PROGRAM

COMMANDER'S GUIDE



“Leaders at all levels must be personally engaged in the effort to end domestic violence and use all programs and resources at their disposal to meet our important responsibilities to Soldiers and their families to eliminate domestic violence and protect victims. Central to our success in this endeavor is increasing the life skills of Soldiers and families.”

*—General Eric K. Shinseki, U.S. Army, DoD
Memorandum, May, 2003*

Command, Family Advocacy, and the community have the collective responsibility to ensure victim safety, hold offenders accountable, and provide treatment and support in incidents of child and spouse abuse. This collaboration emphasizes the importance of preventing abuse.

The *Commander's Desk Guide* is designed to equip leaders with information on the leader's role and responsibilities in support of child and spouse abuse prevention and intervention. [IAW The Army Family Advocacy Program, AR 608-18, 20 Oct 2003].

★ ***A "quick reference" list of recommendations is provided on each topic area.***

CORE PREVENTION & INTERVENTION STRATEGIES: RECOMMENDATIONS FOR LEADERS *[According to: AR 608-18, paras as cited]*

- ☐ **Attend FAP briefing** that provides regulatory guidance. [1-8b(1)]
- ☐ **Promote Army standards and FAP mission** with Soldiers and families with both authority and support. [1.1; 1.5; 1.6]
 - Family violence is incompatible with Army values
 - Prevention of family violence enhances well-being
 - Victims will be offered immediate safety and support
 - Case Review Committee (CRC) and other community staff are professionally trained to intervene in abuse cases
- ☐ **Identify abuse as early as possible.** [3-2b(4)]
 - Early identification of abuse may prevent further victim trauma
- ☐ **Inform Soldiers of their requirement to report suspicions of child and spouse abuse.** [3-4a]
- ☐ **Report suspected spouse and child abuse** to the designated Report Point of Contact (RPOC) on the installation and provide all relevant information to those investigating the report. Check local installation protocol. RPOCs are usually law enforcement, Social Work Service (SWS) or designated FAP staff. [1-8b(4); 3-4a, c]
- ☐ **Schedule annual troop education briefing on FAP.** [1-8b(2)]
- ☐ **Encourage family members to attend FAP educational briefings** that are provided to the military community.

WHAT ARE KEY STRATEGIES IN THE PREVENTION AND INTERVENTION OF CHILD AND SPOUSE ABUSE?

- **Prevent violence through the promotion of individual and family wellness**, through a diverse mix of programs and services
- **Provide early intervention** that can prevent the need for intensive unit support through an understanding of the risk factors of abuse
- **Respond quickly to victims' needs** and provide for on-going victim safety and support
- **Hold offenders accountable**, and ensure compliance and progress during treatment

REPORT ALLEGATIONS OF ABUSE/CONCERNS TO THE RPOCs

The Army culture does not condone family violence and has many resources to assist families. **Failure to pay attention to Soldier and family problems may have serious consequences.** All suspicions or concerns about child and spouse abuse must be reported.

FOCUS ON SAFETY

Everyone has the right to feel safe at all times. Protection of victim Soldiers and family members is vital. Leaders have help with this via the CRC and victim advocates.

UNDERSTAND THE ARMY CULTURE SHIFT

The Army continues to provide a prompt and effective response to victims of spouse abuse and holds offenders accountable for their actions. There are often competing issues for command such as:

- Encouraging voluntary reporting of abuse by the victim and ensuring family stability (e.g., families may need to be separated or may not choose reunion)
- Protecting victim privacy to the extent possible (e.g., victims often do not seek help because they fear that their privacy will be violated and that their report will affect the Soldier's career)
- Creating a climate for self-referrals for early help yet holding the offender accountable for their actions and punishing criminal behavior

Trained professionals within the CRC help leaders with these tough decisions. [SEE CASE REVIEW COMMITTEE]

PROGRAMS AND SERVICES: RECOMMENDATIONS FOR LEADERS

[According to: AR 608-18, paras as cited]

- ☐ **Recognize the indicators of distress** during a crisis. [1-5(c)]. **Refer Soldiers and families to services early before family problems get “out of hand.”**

- ☐ **Provide the most current information about installation programs and services** to Soldiers and families.

FAP Prevention Programs and Services

- New Parent Support Program
- Information and classes for all new and expecting families
- Home visits for parents identified as needing extra support
- Parenting classes
- Marriage/Relationship workshops
- Stress Management classes
- Anger Management classes
- FAP community workshops on family violence, child safety education, dating violence and related topics
- Victim advocacy support
- Emergency housing

FAP Treatment

- Crisis intervention
- Counseling
- Support groups

[CHECK LOCAL INSTALLATION PROGRAMS AND SERVICES]

Transitional Compensation for Abused Dependents (Authorized pursuant to 10 U.S.C. 1059 and DoDI 1342.24). Financial compensation and other benefits to assist family members when the service member is separated from active duty as a result of a court-martial or administrative action or is sentenced to total forfeiture of all pay and allowances for a dependent-abuse offense (child or spouse abuse). Contact the installation FAPM for more information.

WHAT ARE THE PROGRAMS AND SERVICES AVAILABLE TO SOLDIERS AND FAMILIES?

Army research has found that Soldiers and families often know about programs and services, yet express reservations about using some support programs and services on the installation. Many also express reluctance to turn to anyone if faced with a problem. **Commanders and other unit leaders need to create a climate where Soldiers are not afraid to seek help.**

“Leaders influence young leaders.”

—Army Interviews, DoD Healthy Parenting Initiative, 2001

REFER SOLDIERS AND FAMILIES TO PROGRAMS AND SERVICES EARLY.

Other Army Community Service (ACS) Programs and Services

- Army Emergency Relief (AER)
- Army Family Action Plan (AFAP)
- Army Family Team Building (AFTB)
- Army One Source
- Employment Readiness Program
- Exceptional Family Member Program (EFMP)
- Financial Readiness Program
- Mobilization and Deployment Support
- Relocation Readiness Service
- Spouse Orientation and Leadership Development Program (SOLD)

Other Installation Services

- Army Substance Abuse Program (ASAP)
- Building Strong and Ready Families Program (BSRF)
- Child and Youth Services (CYS)
- Community Mental Health (CMH)
- Deployment Cycle Support (DCS)
- Health Promotion
- Victim Witness Liaison Program (with SJA)

These listings are not all inclusive and may vary across installations. For **local installation services** refer to installation web site, or FAP. Army web sites are at www.goacs.org or www.armycommunityservice.org.

INITIAL CRISIS—WHAT TO EXPECT: RECOMMENDATIONS FOR LEADERS

[According to: AR 608-18, paras as cited]

- ☐ **Create a command climate that encourages Soldiers and their families to ask for assistance** prior to becoming a readiness issue.
- ☐ **Recognize the obvious indicators and symptoms of distress** during the crisis at hand. [1-5(c)]
- ☐ **Support and assist in implementing safety measures.** [1-8b(8); 3-21d]
- ☐ **Expect emergency notification** regarding reports of abuse from CRC POC(s). [3-6a]

WHAT CAN BE EXPECTED DURING THE INITIAL CRISIS WHEN A REPORT OF CHILD OR SPOUSE ABUSE HAS COME TO THE ATTENTION OF COMMAND?

COMMANDERS AND FIRST SERGEANTS WHO KNOW WHAT TO EXPECT ARE KEY LINKS TO TIMELY AND SAFE INTERVENTION WITH SOLDIERS AND FAMILIES.

SUPPORTIVE LEADERSHIP REQUIRES CLOSE COLLABORATION WITH FAP AND OTHER POC's TO HELP DIFFUSE THE CRISIS AT HAND

Leaders need to know what to expect when a report of child or spouse abuse is being investigated in order to facilitate expeditious intervention and treatment responses. Prompt and accurate communication with everyone involved is vital. "Not knowing what to expect" may jeopardize safety plans or cause miscommunication which can lead to unintentional anxiety for Soldiers and their family members.

SAFETY MEASURES ARE PARAMOUNT

The commander may not be able to determine whether or not imminent danger exists in cases of child and spouse abuse. In order to ensure safety, the commander must work collaboratively with the FAPM or victim advocate who will make sure that the parties are separated until a FAP assessment and treatment plan is completed, and the investigation by law enforcement is accomplished. Commanders need to be aware of:

- the requirement for written no contact orders/enforcement of orders of protection issued off the installation, and ensuring that the victim gets a copy within 24 hours of issuing [According to: AR 608-18, 3-21]
- not interviewing the couple together
- not referring to the Chaplain if an allegation of abuse is made

EXPECT EMERGENCY CONTACTS

- MPs, CRC members and victim advocates need to coordinate information and safety plans
- Soldiers and family members involved in the incident may be confused and/or overwhelmed

CASE REVIEW COMMITTEE (CRC): RECOMMENDATIONS FOR LEADERS

[According to: AR 608-18, paras as cited]

- ☐ **Understand the general functions of the CRC.** [1-8b(3); 2-4]
- ☐ **Participate in CRC meetings** to share pertinent case information so that the CRC can make informed treatment decisions about Soldiers and their family members involved in child or spouse abuse in your unit. [1-8b(6); 2-3b(5)]
 - Meets at a minimum monthly and with sufficient frequency to coincide with initial and 90 day progress reviews
 - Some installations use separate teams to manage spouse and child abuse incidents
 - Support CRC treatment recommendations
- ☐ **Remain actively involved in CRC cases** within your command.

WHAT IS THE TEAM APPROACH AND THE COMMANDER'S ROLE IN THIS PROCESS?

COMMANDERS ARE AN INTEGRAL PART OF THE CRC PROCESS.

The cultural shift in the prevention of family violence is toward the Commander taking full responsibility for administrative and/or disciplinary action regarding his/her Soldier, and not relying on the Case Review Committee (CRC). The CRC determines the treatment plan. This team, consisting of professionals from various disciplines who have the training required to assess abusive situations, uses an integrative approach to managing reports of child and spouse abuse from the initial report to case closure. **The unit commander is expected to attend the CRC meeting** so that pertinent case information is shared and the CRC can make informed treatment decisions about Soldiers and family members involved in child or spouse abuse in the unit.

CRC DESIGNEE ENSURES PROMPT NOTIFICATION WITH THE UNIT COMMANDER (WITHIN 24 HOURS) AND MAINTAINS COMMUNICATION THROUGHOUT THE PROCESS

- The type of abuse incident
- On-going protection plan
- Ways to support the initial, short and long term interventions
- Case determination of substantiation or unsubstantiation
- Treatment progress
- Subsequent abuse reports
- Documentation to support CRC recommendations

CRC MEMBERS

Chairperson, Chief of Social Work Service (C, SWS)

Physician

Chaplain

CID or representative designated by local USACIDC

Army Substance Abuse Program (ASAP) Clinical Director

Provost Marshal (PM) or local representative

Staff Judge Advocate (SJA) or representative

FAP Manager (FAPM)

Case Manager (Social Work Service or designated FAP Treatment Staff)

*For OCONUS—BSB Commander

CONSULTANTS may be requested to attend on an individual case basis (e.g., Child and Youth Service (CYS) Managers, School Personnel, Victim Advocate, and Child Protective Service or Local Court representatives). Consultants are non-voting representatives on case determination.

INTERVENTION—MANAGING INCIDENTS OF ABUSE: RECOMMENDATIONS FOR LEADERS

[According to: AR 608-18, paras as cited]

- ☐ **Know the reporting and intervention process at your installation** for managing reports of child and spouse abuse from the initial report to preliminary assessment, and short and long term recommendations. [2-4]
- ☐ **Expect notification within 24 hours** by the Social Work Service (SWS) designee, after the reported allegation of abuse surfaces. Generally this is the case manager from SWS assigned to the case or designated FAP treatment staff. [3-6a; 3-26a(1)]
- ☐ **Share pertinent information during the assessment** regarding the Soldier and family members involved. [3-6a; 3-26(2)b]
- ☐ **Encourage Soldiers to cooperate with the CRC process** for managing reports of abuse to the maximum extent possible from the initial report to case closure, after being advised of Article 3(b), UCMJ rights against self-incrimination. [1-8b(7)]
- ☐ **Encourage family members involved in abuse incidents to participate in assessment and treatment.** [1-8b(12)]

Report Point of Contact (RPOC) for Incidents of Abuse And Case Coordination

[CHECK LOCAL INSTALLATION PROCEDURES]

- **Military Police (MP) and law enforcement are available 24/7**
MPs will coordinate with civilian law enforcement for off post reports and with Criminal Investigation Division (CID) for investigating suspected criminal activity, as necessary
 - **Social Work Service (SWS) or designated FAP staff**
Designated Social Work Service (SWS) or FAP treatment staff ensures management of the case
-

HOW ARE INCIDENTS OF ABUSE MANAGED AND INVESTIGATED?

Commanders are an integral part of the multi-disciplinary team approach that facilitates the necessary intervention to help Soldiers and families involved in abuse. The Case Review Committee (CRC) reviews the case to determine appropriate preliminary, short-term and long-term case management and treatment recommendations. [CHECK LOCAL INSTALLATION PROCEDURES]

UNIT COMMANDER IS NOTIFIED ABOUT THE ALLEGATION OF ABUSE WITHIN 24 HOURS AND IS CALLED UPON TO SHARE PERTINENT INFORMATION AND PROTECT VICTIMS.

- **Contact with commanders.** Social Work Service (SWS) or designated FAP treatment staff will make contact as soon as possible to review the type of abuse, alleged abuser, attitude of the abuser, degree of cooperation, duty limitations, the protection plan and continuing status of the case.
- **A safety plan is coordinated with the victim and helping parties.** Installation designees such as MP, SWS (or designated FAP treatment staff), and the victim advocate will assess the danger/lethality of the situation as soon as the violence is reported and initiate appropriate safety measures.
- **Interviewing victim(s) and offender(s).** After a report of abuse is made MP and SWS (or appointed FAP treatment staff) coordinate interviews with Soldiers and family members. Where possible MPs and SWS conduct the interview together to reduce potential trauma of repeated interviewing, especially in cases of victims of sexual trauma.
- **Victim Advocate provides comprehensive support to victims of spouse abuse.** Collaborates with CRC (e.g., SWS or appointed FAP treatment staff and Command) to ensure coordination of services and protection plan. Works on behalf of the victim and encourages voluntary reporting of abuse and ensures confidentiality whenever possible.
- **Clinical assessments are completed.** SWS's or designated FAP treatment staff's primary responsibility is to conduct a clinical assessment within 24 hours from receiving the report. This is conducted in collaboration with other CRC members such as physicians, pediatricians and other health professionals, Child Protective Services (CPS) and civilian agencies that may be involved in the case.

OTHER REQUIREMENTS [CHECK LOCAL INSTALLATION PROCEDURES]

- **Mandatory Contacts.** SWS or designated FAP treatment staff who manage the case, usually make these contacts. **Local Child Protective Services:** Mandatory contact is required with the local CPS for reports of child abuse. **Army Central Registry (ACR):** This data registry is screened for previous incidents of substantiated cases of child and spouse abuse with the persons involved.
- **Emergency Placement Care (EPC).** When the CRC determines a child is at risk of death or serious injury, and civilian foster care or EPC is required, placement will be accomplished, usually through CPS. For OCONUS this may be facilitated by the judicial system of the host nation having jurisdiction over the child.
- **Out-of-Home DoD Sanctioned Activities.** The CRC assists in managing child abuse reports that might occur in DoD schools; CYS and MWR programs; and Family Child Care and EPC homes. A Strategy Team reports directly to the installation commander to coordinate community awareness, information and services for parents and affected program staff.

CASE REVIEW COMMITTEE (CRC): RECOMMENDATIONS FOR LEADERS

[According to: AR 608-18, paras as cited]

- ☐ **Know the reporting and intervention process** for managing allegations of child and spouse abuse from the initial report to preliminary assessment, and short and long term recommendations. [2-4]
- ☐ **Support the CRC recommendations** (preliminary, short and long term). [1-8b(9); 3-26(2)b(5)]
- ☐ **Provide written non-concurrence with recommendations.** (CHECK LOCAL INSTALLATION PROCEDURE) [1-8b(9)]
- ☐ **Consider CRC recommendations before**
 - Requiring Soldiers to receive counseling and referral assistance in mandatory treatment programs [1-8b10(a)]
 - Taking disciplinary and administrative actions [1-8b10(b)]
 - Recommending deferment or deletion from reassignment of Soldiers and/or their family members receiving counseling [1-8b10(c); 3-29]
 - Recommending reassignment (or early termination of a duty assignment in a foreign country) when required treatment is unavailable [1-8b10(d)]
 - Initiating personnel actions to separate service members [1-8b10(e); 3-29]

WHAT ARE TYPICAL CRC RECOMMENDATIONS THAT COMMANDERS HAVE TO CONSIDER?

The Case Review Committee (CRC) recommends a wide variety of options ranging from preliminary and long-term safety actions and treatment, to administrative and disciplinary actions. Commanders may initiate and coordinate measures that serve to protect individuals from harm, to prevent further discord, intimidation, or obstruction of justice, and to give consequences for failure to show progress in treatment.

COORDINATION WITH THE CRC HELPS TO ALLEVIATE THE EFFECTS ON THE SOLDIERS AND THE FAMILY SO AS NOT TO CREATE FURTHER HARDSHIP (FINANCIAL STRAIN, DISPLACEMENT FROM HOUSING).

TYPICAL RECOMMENDATIONS

- Protect victims through “no contact orders” and direct military personnel to refrain from contacting, harassing, or touching certain named persons; remain away from specific areas, such as home, schools, and Child and Youth Service facilities and refrain from doing certain acts or activities [According to AR 608-18, 3-21]
- Permit time for the Soldier to attend any combination of educationally-based and/or clinically-based programs
- Initiate disciplinary and/or administrative actions

A RANGE OF OPTIONS IS AVAILABLE TO DEAL WITH MISCONDUCT AND DEFICIENCIES IN TREATMENT

PERFORMANCE. This is not an exhaustive listing. It is important to consult with the servicing judge advocate or legal advisor before taking disciplinary and administrative actions. [According to AR 608-18, 3-22]

- Admonition/Reprimand
- Pre-trial restraint (provides time to evaluate the situation, ensure safety of victim, and take appropriate measures)
- Pre-trial confinement
- Removal from promotion list
- Recommendation for removal from government quarters or bar from installation
- Bar to re-enlistment
- Early return of family members for the convenience of the government from OCONUS
- Curtailment of overseas tour from OCONUS

ACCOUNTABILITY. Intervention is most effective when Soldiers and families are committed to participating in evaluation and treatment. Command’s responsibility in intervention includes cooperation with the CRC process:

- Follow the guidelines provided
- Attend the CRC meetings and share information
- Respond to the CRC recommendations—taking administrative/judicial action when appropriate

PREVENTION INFLUENCES WELL-BEING AND READINESS: RECOMMENDATIONS FOR LEADERS

[According to: AR 608-18, paras as cited]

- ☐ **Build on existing strengths** within the unit such as core values and traditional military discipline and order.
- ☐ **Motivate young Soldiers and their families** to reach out and build supportive connections with unit leaders, co-workers, friends, neighbors, and community programs and services staff.
- ☐ **Support opportunities for families** to attend pre-deployment and reunification programs.
- ☐ **Promote unit and community activities** that “bring families together.”
- ☐ **Anticipate potential times of crisis and focus on pre-emptive support** (Respond promptly to stress signals and take appropriate measures before problems get out of hand). [1.6]

“Violence is not compatible with our core values. It is contrary to everything we believe in as an organization: respect, honor, integrity, personal courage. If our families are in trouble so too is Soldier and unit readiness.” ... “We must empower Soldiers to recognize risk factors in their own lives and encourage them to seek help before violence occurs.” —General Robert L. Decker, Commander of U.S. Army Community and Family Support Center, Army News Service, January, 2003

WHAT FAP AND LEADERSHIP PRACTICES CONTRIBUTE TO OVERALL SOLDIER AND FAMILY WELL-BEING AND MAY IMPACT READINESS?

SHARED RESPONSIBILITY FOR ACHIEVING THESE OUTCOMES

- **Safety:** Reducing violence within the Army community
- **Personnel Preparedness and Self-sufficiency:** Contributing to the development of adaptable and interdependent Soldiers and families
- **Community Cohesion:** Enhancing active social connections and participation in the community

PREPARING SOLDIERS AND FAMILIES TO IMPROVE QUALITY OF LIFE STRENGTHENS READINESS.

An important factor in the readiness equation is Soldiers' and families' positive perceptions about the Army's organizational commitments, traditional values and lifestyles that enable them to adapt to its unique challenges. When unit leaders and FAP include families in the planning of programs and services and market the value of using them, Soldiers and families may be more motivated to seek assistance independently. These connections to community support and services at the earliest indication of need not only strengthens their capacity, it reduces command's involvement in "putting out fires." Less time away from duty and less distraction while on duty, and more secure families are the positive results. This capacity is strengthened when **command encourages Soldiers and families to:**

- Develop community identity and pride
- Value community connections
- Participate meaningfully in the community (e.g., community forums, events and social gatherings)
- Act responsibly

WELL-BALANCED SOLDIERS AND FAMILIES SHARE COMMUNITY RESPONSIBILITY

- S** Stay informed about programs and services
- H** Have positive perceptions about the Army's lifestyle, organizational commitments, and traditional values
- A** Achieve a balance between work and family
- R** Recognize that seeking assistance signals strength rather than weakness
- E** Establish networks within the community
- D** Develop the capacity to solve problems and manage conflicts

DEMOGRAPHIC CHANGES AND ARMY CULTURE: RECOMMENDATIONS FOR LEADERS

[According to: AR 608-18, paras as cited]

- ☐ **Refer Soldiers and families** to programs and services especially:
 - young enlisted families
 - stepfamilies
 - newly married
 - single parents
 - dual military couples
 - deployed families
- ☐ **Support the balance of work and family time** to the extent compatible with mission readiness.
- ☐ **Promote the use of community connections** with the unit, neighbors, friends and family.
- ☐ **Prepare families to mobilize resources pre – during – post deployment.**
- ☐ **Provide services for Soldiers and families on both scheduled or early returns from deployment if there are family problems that arise while the Soldier is away or if there is an active abuse case.**

"We called it well-being, and it is the human dimension of our transformation—taking care of our people, giving them the opportunity to become self-reliant, setting them up for personal growth and success whether they stay with us in the Army in uniform, or go back to their communities. They are value added." —General Eric K. Shinseki, Chief of Staff of the Army, Dwight D. Eisenhower Luncheon Association of the United States Army, October 22, 2002

WHAT DO UNIT LEADERS NEED TO KNOW ABOUT THE CULTURE AND CHANGING CLIMATE OF THE ARMY?

WHAT TO EXPECT—A HIGHER NEED FOR SUPPORT WITH SOME SOLDIERS AND FAMILIES MAY CAUSE A CORRESPONDING DEMAND ON COMMAND TIME TO HELP THEM.

Today's Army, consisting of a majority of troops with family responsibilities will continue to provide challenges for command. Family characteristics such as increasing numbers of younger junior enlisted with children, stepfamilies and single parent Soldiers may require more command support. In addition, parents and couples want more time for themselves and their families, and particularly more time at home.

LEADERS ON THE FRONT LINE ARE IN A UNIQUE POSITION TO PROMOTE A HEALTHY ADJUSTMENT TO ARMY LIFE

There is a strong commitment to the military lifestyle among Soldiers and families. However, Army culture presents both opportunities and challenges that can generate stress, anxiety and uncertainty. Whether relocating overseas or to small towns or cities, experiencing separations when military members deploy or balancing other military demands with family life, there are many issues likely to confront the Soldier or family. It becomes easy to understand why leaders need to be involved.

FREQUENT COMMUNICATION BETWEEN FAMILY MEMBERS AND COMMAND MAXIMIZES WELLNESS AND MAY PREVENT SERIOUS PROBLEMS

Families that prepare for deployment together have a better idea of what to expect. Although many families experience deployment stress, disorganized families with multiple problems tend to be at higher risk for poor adjustment and are most likely to tax the resources of the unit. Deployment research indicates that when the service member returns from deployment, there may be a typical pattern of a "honeymoon" period, followed closely by a period of high conflict and personal and family stress. Key deployment stressors include:

- Family's perception of mission and danger
- Adjusting to new routines
- Financial strain
- Emotional instability
- Unrealistic expectations for meeting family obligations or changed family roles
- Spouse's reaction to the sacrifices they experienced during deployment
- Spouse's sole responsibility for childcare, parenting and managing the household

FAMILY ADVOCACY & COMMAND PARTNERSHIP: RECOMMENDATIONS FOR LEADERS

[According to: AR 608-18, paras as cited]

- ☐ **Promote Army standards and FAP mission** with Soldiers and families with both authority and support. [1.1; 1.5; 1.6]
 - Family violence is incompatible with Army values
 - Prevention of family violence enhances well-being
 - Victims will be offered immediate safety and support
 - CRC and other community staff are professionally trained to intervene in abuse cases
 - Early identification of abuse may prevent further victim trauma
- ☐ **Stress the importance of personal and family well-being** and its links to unit readiness.
- ☐ **Provide the most current information** about installation programs and services to Soldiers and families.
- ☐ **Market unit and community activities** that “bring families together.”
- ☐ **Support opportunities for Soldiers to attend community activities** and family related educational activities and events.
- ☐ **Model an open-door policy.**
- ☐ **Foster a climate in the unit that shows a commitment to Soldiers and their families.**
“The Family Advocacy Program is a commanders’ program, and for the program to be a success, commanders need to be involved.” —Army News Service, July, 1999, General Craig B. Whelden, Commander of U.S. Army Community and Family Support Center

“Army readiness is inextricably linked to the Well-Being of our People. Our success depends on the whole team – Soldiers, civilians, families – All of whom serve the nation. Strategic responsiveness requires that our support structures provide Soldiers and families the resources to be self-reliant both when the force is deployed and when it is at home.”

—General Eric K. Shinseki, Chief of Staff of the Army, June 22, 1999

HOW DOES FAP SUPPORT COMMAND, AND ASSIST SOLDIERS AND FAMILY MEMBERS IN THE PREVENTION AND EARLY INTERVENTION OF CHILD AND SPOUSE ABUSE?

COMMAND'S/LEADERSHIP'S ROLE NEEDS TO BE PROACTIVE AND SUPPORTIVE OF FAP AT THE HIGHEST LEVELS.

COMMUNITY PARTNERSHIPS—INTEGRATED SERVICES

FAP's mission is to partner with Command and the community for the prevention of child and spouse abuse and ensure that programs and services for Soldiers and family members are:

- **Driven by victim safety**
- **Supported by command**
- **Based on assets**—strengthening life skills
- **Accountability-focused**—offender and system accountability
- **Informed by local community needs assessment**
- **Tailored to each family's unique needs**—flexible, professional staff

STRENGTHENING TEAMWORK TO BUILD COMMUNITY CAPACITY

- Command's role
- Soldier's duty
- Family member's responsibility
- FAP's mission

When unit leaders offer genuine assistance and encourage early links to programs and services, they enhance readiness and reduce stress on Soldiers and families under their command. Healthy Soldiers and families have a network of relationships that are sufficiently positive to ensure that individuals, particularly children, within the family can develop in a stable and secure environment.

"Investments in these approaches make sense for morale, efficiency, continuity and bottom-line strength."—A New Social Compact: A Reciprocal Partnership Between The Department of Defense, Service Members and Families, 2002

TOGETHER UNIT LEADERS, FAP, SOLDIERS, AND FAMILIES BUILD THE CAPACITY OF THE COMMUNITY TO HELP SOLDIERS AND FAMILIES REACH ARMY EXPECTATIONS AND PREVENT VIOLENCE.

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